Financial Aid & Awards Office Telephone: (416) 491-5050

Fax:

King Campus: (905) 833-0730
Markham Campus: (905) 940-4090
Newnham Campus: (416) 491-9187
Seneca@York Campus: (416) 661-1947

Seneca

OSAP Information Change Request Form

To report changes to your OSAP application this form must be completed and returned to the Financial Aid Office at your campus. Please note that some changes may require additional documentation. Please check with your Financial Aid Office.

Last Name: _____ First Name: _____

|_____| — |_____| — |_____|
Student Number

These changes apply to: Fall 20_____ Winter 20_____ Summer 20_____

Please make the following changes to my OSAP application:

_____

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FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information on this form is collected in accordance with sections 21, 39 and 49 of the Freedom of Information and Protection of Privacy Act and under the legal authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, and the Ontario Colleges of Applied Arts and Technology Act, 2002, Regulation 34/03, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries or agencies of the Government of Ontario and the Government of Canada. If you have any questions concerning the collection and use of personal information, please contact the Privacy Office at (416) 491-5050 extension 77846 or email privacyoffice@senecacollege.ca.

I have read the above statement and hereby authorize the release of information contained herein to the above mentioned.

Signature: _____ **Date:** _____